

**Note to the Examiner**

I am a 76-year-old handicapped veteran who is clinically blind. This visor is the result of my efforts to improve my own vision and the vision of others. It has been thoroughly checked out by a reconstruction surgeon, a noted ophthalmologist. The Doctor of Ophthalmology persuaded me to perfect this item. There is a great need for this product. I live on a fixed disability income so I didn't have the money to hire an attorney to help me with this but I am following the instructions in a book and will try very hard to do it all right.

I have written a claim; is best I can but understand you might be willing to also write one for me if you feel I have missed anything important. If this is true, I would appreciate it if you would do that for me.

Thank you very much.

*Stephen Le Roy Pollard*

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## Description of Invention

The following describes the drawings of my invention fully.

Figure 1. the top view of the headband, shows an expansion loop (right on top of band). The fastener that allows adjustment and secures the visor to the headband, and the expansion loop. This part is adjustable so it will fit the patient's requirements.

Figure 2. the front view of the headband, shows four attached bands that achieve perfect optical alignment. (fasteners in front).

Figure 3. the side view of the headband, shows a fastener that allows adjustment and secures the visor to the headband, the attached bands and the expansion loop.

Figure 4, the front view of the visor, shows the visor's elongated mounting ports to accommodate either fixed, adjustable mechanical or electronic monoculars. The elongated parts allow for adjustment to the patient's center distance.

Figure 5, the side view of the visor, shows an elongated bracket in the front. This bracket is elongated to allow for proper adjustment alleviation of any cantilever effect from heavy monoculars. It maintains stability.

Figure 6, the front view of the alignment adjuster, shows a fixture that is temporarily attached to the visor, allowing the patient to independently adjust each monocular to achieve the maximum vision the patient can obtain. It is used to rotate the monocular to achieve superimposure using roof-top prismatic monocular. When alignment is achieved, the fixture is removed.

Figure 7, the front view of the alignment clamp, shows a clamp that is attached to the monocular, while being held in place by Figure 6, to maintain alignment. If patients center vision is lost, the peripheral vision can be superimposed over the primary vision.

Figure 8, the top and side views of the beveled adjuster, shows a bevel that converts a view visor into a reading visor. The splines maintain the correct angularity for reading.

This is a utility claim not a design claim.

Everything herein has been reduced to practice.